

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	IT.	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
			DEP.	IND.	DEP.	IND.		DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/						51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						